

Outside Attorney Docket No.: 218.1001

DECLARATION OF INVENTORSHIP

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below with my name,

I believe I am an original, first, and sole inventor (if only one name is listed below) or an original, first and joint inventor (if multiple names are listed below) of the subject matter that is claimed and for which a patent is sought on the invention entitled

EVENT MEDIATOR FOR FACILITATING COMMUNICATION BETWEEN ISOLATED COMPONENTS

the specification of which

is attached hereto
 was filed on _____ as Application Serial No. _____
 and was amended on _____ (if applicable).
 I hereby authorize and request Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, New York, New York 10018 to insert here in parentheses (Application number _____, filed _____) the filing date and application number of said application when known

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, § 1.56(a).

PRIOR FOREIGN APPLICATION(S)

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d), of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

APPLICATION NUMBER	COUNTRY	FILING DATE (day, month, year)	PRIORITY CLAIMED Yes	No

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	STATUS (i.e. Patented, Pending, Abandoned)

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (MM/DD/YYYY)	

I hereby declare that all statements made herein of my own knowledge are true and all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that wilful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such wilful statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF SOLE or FIRST JOINT INVENTOR	FAMILY NAME HUE	FIRST GIVEN NAME Vincent	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY Vannes	STATE OR FOREIGN COUNTRY France	COUNTRY OF CITIZENSHIP France
POST OFFICE ADDRESS:	STREET ADDRESS 14, rue Le Goff	CITY Vannes	STATE & ZIP CODE/COUNTRY 56000
Signature		Date	

FULL NAME OF SECOND JOINT INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	STREET ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature		Date	



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AUTOMATED TOOL FOR DETECTION OF POTENTIAL RACE CONDITION

the specification of which

is attached hereto
 was filed on April 4, 2001 as Application Serial No. 09/825,815
and was amended on _____ (if applicable).
I hereby authorize and request Davidson, Davidson & Kappel, LLC. of 485 Seventh Avenue, New York, New York 10018
to insert here in parentheses (Application number _____, filed _____) the filing date
and application number of said application when known.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claim(s), as amended by
any amendment referred to above

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Federal Regulations, § 1.56(a)

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POST OFFICE ADDRESS:	STREET ADDRESS 14, rue Le Goff	CITY Vannes	STATE & ZIP CODE/COUNTRY 56000
Signature	Date June 13 th , 2001		

FULL NAME OF SECOND JOINT INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP:	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
POST OFFICE ADDRESS	STREET ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
Signature	Date		